Under the Pane	work, Reduction Act of	1995 no bemora	ara metalane ena	U.S. Patr			7/31/2008. CMB 0651-00: VRTMENT OF CONMERC VALID CMB control number	
FREE TRANSMITTAL FOR FY 2005				Complete if Known				
				Application Number 10/6		05,611	·	
				Filing Date	Filing Date 10/14/2003			
				First Named I	wenter fren	Irene Lin		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name CHANG, VICTOR S				
				Art Unit 1771				
TOTAL AMOUNT OF PAYMENT (\$) 0,00				Atterney Dock	et No. SLA	SLAP0001USA		
METHOD OF	PAYMENT (chec	k all that apply	)					
Check [	Credit Card	Money On		ne Other	(please identify):			
Deposit A	ccount Deposit A	court Mumber,_5	0-3105	Deposit	Account Name:_N	orth America Inti	ellectuel Property Corp.	
For the a	bove-Identified dep	asit eccount, the	Olrector is he	reby authorized	to: (check all the	t apply)		
	range (ee(s) Indicate	ed below		Che	ga fee(s) indicz	ted below, exce	pt for the filing fee	
[v] a	rarge any additiona	fee(s) or under	payments of fe		lit any overpaym		,	
WARNING: Inform	der 37 CFR 1.16 at ation on this form m uthorization on PTO-	zy become outille	. Credit card in	formation should	not be included o	in this form. Prov	ide credit card	
FEE CALCUL	ATION							
1. BASIC FILI	NG, SEARCH, A	ND EXAMINA	TION FEES					
	FILII	NG FEES	SEAF	RCH FEES	EXAMINAT			
Application	Type Fee (	Small Entity Fee (5)	Foo /\$	Small Entity LegalS	Egg.(\$)	nsli Entity Eso (\$)	Foos Paid (\$)	
Utility	300	150	500	250	200	100	•	
Design	200	100	100	50	130	65		
Piant	200	100	300	150	160	80		
Reissue	300	150	- 500	250	600	300 ·		
Provisional	200	100	0	0	0	0		
2. EXCESS CI	AIM FEES	-					Small Entity	
	r 20 or, for Reiss	ues, each clain	a over 20 and	I more than in	the original na	tent	Fee (\$) Fee (\$) 50 25	
Each independe	mt claim over 3 c	r, for Reissues	, each indep	endent claim n	ore than in the	original pare	nt 200 100	
Multiple depend	deni claims						360 180	
Total Cloims	Extre C! or HP =	<u>elms Feel</u>	29) <u>Ces</u> i	Paid (\$)		endent Claims		
HP = highest must	ber of total cisims pel		n 20		<u>Fee (\$)</u>	Fee Paid	r(g)	
Indep, Claims	<u>Extra Ci</u> or HP =	a <u>ims</u> <u>Ess</u>	120 - <u>Loo</u> t	Paid (\$)		· <del></del>		
	ber of Independent da	ims paid for, if gra	ater than 3					
3. APPLICATION	ON SIZE FEE							
If the specific	stion and drawin	gs exceed 100	sheets of par	er, the applica	tion size fee d	ue is \$250 (\$1	25 for small entity)	
Total Sheet	dditional 50 shee	is or fraction U Sheets M	umber of each	IS U.S.C. 41(a)	X(1)(G) and 37	CFR 1.16(s). 201	Eco Date (C)	
	- 100 -	/50 =			whole number)		Fee Paid (\$)	
4. OTHER FEE(8)							Fees Paid (5)	
Non-English Specification, \$130 fee (no small entity discount)								
Other: subr	nission of Informatio	on Disclosure St	atement				0.00	
UMITTED BY		-						
Ignature	latte	ston the	ed I	Registration No.	41,526	Telephone	302-729-1562	
lame (Print/Type)	Wington He			Attorney/Agent)	71,020		302-729-1302	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO in process) an application. Conditionating is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is assimized to take 30 minutes to complete, including gathering, oregaring, and submitting the completed application form to the USPTO. Time will vary depending upon the inclinitiations. Any comments on the amount of time you require to complete this form anti/or suggestions for reducing this burden, should be sent to the Crist Information Officer, U.S. Potent and Trademan Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, V.A. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, V.A. 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.